

MONTANA SURPLUS LINES SUBMISSION FORM – 1/2% (0.005) STAMPING FEE ASSESSED

THIS FORM IS TO BE USED FOR ELECTRONIC FILINGS ONLY – A ½ % (0.005) STAMPING FEE WILL BE ASSESSED FOR FILINGS WITH THIS FORM –

RETAIN A COPY FOR YOUR RECORDS

NOTICE: ALL FIELDS IN THE ELECTRONIC FILING MUST BE COMPLETED, PER INSTRUCTIONS, TO SUBMIT THE FILING TO THE CSI

INSURED: _____ POLICY NUMBER: _____
MT ADDRESS: _____ ← MT LOCATION ONLY
← MT LOCATION ONLY

PART 1: AFFIDAVIT OF PRODUCING INSURANCE PRODUCER SECTION

IS THIS FILED ON A BINDER?
YES ☐ NO ☐

State of _____
County of _____ :ss.

The undersigned hereby certifies upon oath that the insurance which is the subject of this affidavit is in accordance with Title 33, § 33-2-301, et seq. MCA, the Montana Surplus Lines Insurance Law. The insurance which is the subject of this affidavit was not procured for 1) the purpose of securing advantages as to the terms of the insurance contract and 2) the purpose of obtaining a lower premium rate than would be accepted by the authorized insurer except as provided in § 33-2-302 (1) (d) (i) and (2), MCA. Furthermore: 1) The insurance which is the subject of this affidavit is a line of insurance which appears on the most recent Approved Risk List (ARL) issued by the Commissioner of Insurance; or 2) Immediately before requesting from an unauthorized insurer the insurance which is the subject of this affidavit, I endeavored diligently and unsuccessfully to secure equivalent coverage from authorized insurers holding certificates of authority to transact this line or the full amount of the line of insurance in the State of Montana; and 3) I have expressly advised the insured prior to placing the insurance that the surplus lines insurer with whom the insurance is placed is not authorized in this state and is not subject to the same supervision as an authorized insurer; and in the event of the insolvency of the surplus lines insurer, the property and casualty guaranty fund of the state will not pay losses under the surplus lines coverage.

Is the risk included on the most recent Approved Risk List? ☐ YES or ☐ NO If so, in which category? (Ex: GL-01) _____

If not included on the most recent ARL describe 1) Type of Risk _____

1a) EXPLAIN in detail why insurance for this risk is unavailable from an authorized insurer: (COMPLETE SENTENCE) _____

2) Indicate prior insurer: _____ 2a) Explain why the prior insurer, if an authorized insurer, did not renew: _____

2b) If a renewal was offered, what was the renewal quote? _____ (IF NONE PUT "NONE")

3) Are you filing using the 10% AND \$1500 exception? (33-2-302(1)(d)(i) and (2) MCA) (Y or N) _____ (DILIGENT EFFORT IS REQUIRED)

If YES, the financial stability rating system used was _____
and the rating was _____ as of _____ (effective date).

FOR OFFICE USE ONLY
VERIFIED RATING: _____

(If YES, you are affirming: 1. I have provided the insured with the disclosure information on the form approved by the Commissioner. 2. The unauthorized market quote was placed with a surplus lines company that is "A" rated or better. 3. The authorized market quote(s) that was used was the lowest premium from the diligent effort. 4. The difference between the authorized market quote(s) and the unauthorized market quote(s) meets both the 10% AND the \$1500 requirements. 5. I listed the lowest quotes obtained from the authorized market search in #4 below.)

4) List a minimum of **three** authorized insurers you contacted for your diligent efforts to place this insurance: **Use complete name of the insurance co.**

A. _____ B. _____ C. _____
\$ _____ \$ _____ \$ _____

I, _____, being of lawful age and being first duly sworn, on oath, depose and say that I am one and the same person whose name is subscribed to this affidavit; that I have read the same and know the contents thereof; and that the statement of facts contained herein are true.

X _____
Original Signature of Producing Insurance Producer is Required

Date Montana Individual Producer License No.

Agency Name _____

Address _____

Subscribed and sworn to before me this _____ of _____, 20____.

Signature _____

Printed Name of Notary _____

Notary Public for the State of _____

Residing at _____

My Commission expires _____

Stamp or Seal

PART 2: Montana Surplus Lines Insurance Producer Section

I, _____ (printed name of surplus lines insurance producer), affirm that: 1) I am the producer that placed this risk with the unauthorized insurer; 2) this line of insurance appears on the most recent Approved Risk List (ARL) issued by the Commissioner of Insurance or that I have, to the best of my ability, attempted to place this line of insurance through an authorized insurer and am unaware of any authorized insurer transacting this line or the full amount of this line of insurance in Montana; and 3) I have complied with § 33-2-302, MCA.

Agency Name _____

Address as it appears on the MT Surplus Lines License

X _____
Original Signature of Surplus Lines Producer is Required

Date MT Surplus Individual Lines License No.

PART 3: Premium / Tax / Fee Information Section

Name of Unauthorized Insurer(s): _____ Lloyds Syndicate # _____

Policy Period From: _____ To: _____ Limits of Coverage: _____

If this policy is a multi-year policy with the policy term greater than 12 months, this form is to be completed only in the initial year of the policy. For all subsequent years, report policy premium on the Montana Surplus Lines Multi-Year Policy Premium Form

Policy Premium: \$ _____ Fire Premium: \$ _____
Premium Tax: 0.0275% \$ _____ Fire Tax: 0.025% \$ _____
Stamping Fee: 0.005% \$ _____ Inspection Fee: \$ _____

FOR OFFICE USE ONLY:

ACCEPTED STAMP ONLY

NOTICE: Under Montana law, inspection fees for the actual cost of inspecting the risk to be covered may be charged. Other fees, such as placement fees or policy fees, are not permitted.